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FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

SECRETARY OF THE SENATE 10 MAY 26 AM 10: 59

Office use only

	NAME OF COMMITTEE (in full)			(Check if name is changed)		mple: If typying, type the lines	12F	E4M5	,				
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Type or Print Name of Treasurer Bethany Harlin, Assistant Treasurer Bothans D. Harlin													
Signa	iture of Treasurer	<u> Electroni</u>	برن	7/ 1/-	larlin		Date	M M 0,5	/ D; D	′ 🔽	201	í o `	
NOTE	: Submission of false, e	rroneous	, or incor	nplete information may	subject th	e person signing this S	Statement to t	the penaltie	s of 2 U.S.C.	§437g			
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